

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled TRIAZOLO (1, 5-A) PYRIMIDINES & PYRAZOLO (1, 5-A) PYRIMIDINES AND METHODS OF MAKING AND USING THE SAME, the specification of which was filed on October 7, 2005 as Application Serial No. 10/552,306 and was described and claimed in PCT International Application No. PCT/US2004/011007 filed on April 9, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/461,349	April 9, 2003	Abandoned

I hereby appoint the practitioners at the following Customer Number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

26161
PTO Customer Number

Direct all telephone calls to CATHERINE M. MCCARTY at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: CHI VU

Inventor's Signature: _____

Residence Address: Arlington, MA 02474


Citizenship: United States

Post Office Address: 79 Bay State Road
Arlington, MA 02474

Date: 8/13/07

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: RUSSELL C. PETTER

Inventor's Signature:  Date: 8/13/07
Residence Address: Stow, MA
Citizenship: United States
Post Office Address: 22 Robin Wood Lane
Stow, MA 01775

Full Name of Inventor: KUMARAVEL GNANASAMBANDAM

Inventor's Signature: _____ Date: _____
Residence Address: Westford, MA
Citizenship: United States
Post Office Address: 10 Perham Circle
Westford, MA 01886

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: RUSSELL C. PETTER

Inventor's Signature: _____ Date: _____
Residence Address: Stowe, MA
Citizenship: United States
Post Office Address: 22 Robin Wood Lane
Stowe, MA 01775

Full Name of Inventor: KUMARAVEL GNANASAMBANDAM

Inventor's Signature: Gnanasambandan kumavel Date: 8/28/07
Residence Address: Westford, MA
Citizenship: United States
Post Office Address: 10 Perham Circle
Westford, MA 01886